

# 2011 Military Health System Conference

## Transition to T3: Lessons Learned in North Region

*The Quadruple Aim: Working Together, Achieving Success*

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TRICARE Management Activity/TRO North

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# TRICARE - Who We Are



- 9.6 million beneficiaries (**3.1 million North**)
  - 3.7 million TRICARE Prime enrollees  
*Direct care system* (**1.08 million North**)
  - 1.6 million TRICARE Prime enrollees  
*Contractor networks* (**520,000 North**)
  - Remainder
    - TRICARE Standard/Extra
    - TRICARE for Life
    - TRICARE Reserve Select
- Military Treatment Facilities (MTFs)
  - 59 Hospitals & Medical Centers (**12 North**)
  - 364 Health Clinics (**106 North**)
- Over 380,000 network providers
- Over 60,000 retail pharmacies

# T-3 North Region Health Care Support Contract



- Awarded to Health Net Federal Services
  - Contract Award: 13 May 2010
  - 10-month transition (HCD 1 April 2011)
  - Asynchronous transition to T-3
    - Fort Campbell
    - Prime Service Areas
    - Clearly Legible Reports
  - North Region Unique Issues:
    - National Capital Area BRAC (JTF CAPMED)
    - Federal Health Care Center (Great Lakes)
    - Major Deployment Platforms
      - Ft Bragg, Ft Campbell, Ft Drum, Camp Lejeune

# Transition Lessons Learned Prior to Award – Be Prepared



- Continuity for Transition Team
  - Reconfirm/Assign Transition Manager and Deputy, and SMEs with longevity
- Responsibilities
  - Transition Process is the responsibility of the Purchased Care Transition Management Team
  - Contract Requirements established with Service SGs concurrence in 2007

# Transition Lessons Learned Contract Award



- Post Award Orientation Conference (PAOC)
  - Do not assume Contractors fully understand all aspects of TRICARE Manuals
  - Line by Line contract review
  - Limit to CO/COR/TM/key SMEs
- Kick-Off/Transition Specifications Meeting
  - High level of interest/Set the tone early



# Transition Lessons Learned Incumbent vs. Non-Incumbent



- Non-Incumbent Awarded Contract
  - Transition Specs Meeting – Both Contractors agree on key activities, establish dates, etc.
  - Anticipate ‘escorting’ Contractor to all key Posts, introduce and orient – TRO Boots on Ground
  - DIACAP/Claims – Start from Scratch
- Incumbent Awarded Contract
  - Transition Specs Meeting takes on different function/Contractor is Established, in the field
  - DIACAP already certified, just need to update
  - Claims Processing – no change

# Transition Lessons Learned Trans Spec Meetings



- Required Interfaces
  - DIACAP
  - Systems Integration
  - Records Management
  - TMA Communications and Customer Service
  - Privacy
  - Personnel Security
  - Pre-Benchmark
  - Others
    - MMSO (Not required but highly recommended)
    - DFAS/USCG/etc



# Transition Lessons Learned Trans Spec Meetings



- With Incumbent - Over 900 Questions and Clarifications in initial and follow up meetings
  - DOCUMENT/DOCUMENT/DOCUMENT
    - Review TRO North Q&As
    - Capture Issues
    - Track centrally
    - Expect conflicting responses
    - Continuously Follow Up

# Transition Lessons Learned

## General Observations



- Readiness/Continuity of Care Top Priority
- Need Clear Understanding of Contract Awarded including Enhancement
  - Are they appropriately incorporated? Trackable?
  - Understand differences between T-Nex and T-3
- Government “speaking with one voice”
  - Ensure the Government agencies fully understand and agree among themselves with requirements/ policy before meeting with Contractor on issues
- Contractor Performance – Set Expectation

# Transition Lessons Learned

## General Observations



- CLRs (Consult Tracking)
- Clinical Support Agreements
  - All CSAs need to be re-executed under T-3, plan early
- External Resource Sharing Agreements
  - Determine Need/New contractor needs to execute new agreements
- Personnel Security/CACs
  - 1100 CACs for North Region MCSC

# Transition Lessons Learned

## General Observations



- Prime Service Area Changes
  - T-3 PSA requirements – MTF/BRAC Sites Only?
  - TSCs: Close non-MTF PSA offices
- Necessary Contract Modifications
  - Over 100 Contract Mods to T-NEX since RFP needed to be incorporated
  - Additional North Region Contract Changes
    - Ft Campbell
    - BRAC Sites (Active Base to BRAC)
    - TSCs – Appropriately Listed (BRAC vs. MTF)

# MTF Considerations for Transition Success



- Why an MOU?
- Enrollment Plan Current?
- Is Network Adequate?
- Referral and Authorization Process
- Clearly Legible Reports
- TRICARE Service Center
- MCSC Call Center Volume

# Transition Lessons Learned Observations for TRO



- Maintain close coordination with TM/CO/COR/SMEs
- Be Prepared to Travel
  - Use T-3 Travel Fund
  - Delegate – Can't be everywhere
  - Multiple Weekly Meetings
- Contract Incentives
  - Need clear understanding
  - What do they mean, how tracked/calculated



# Transition Lessons Learned Observations for TRO



- Ensure high risk issues are elevated quickly
  - Program Office
  - Transition Director
  - Transition Oversight Committee
- Maximize use of Interface/Working Meetings
  - Ensure Government/Contractor reviews and understands requirements
  - Ensure transition tasks addressed
- Table Top Exercise with High Risk Transition Changes – ROC Drill on 17 February 2011

# Challenges Ahead



- Resolving Protests in South/West
- Asynchronous transition
  - Fort Campbell
  - PSAs
  - CLRAs
- TRICARE Young Adult coverage

# We Are All Faces of TRICARE



2011 MHS Conference **Thank You For All Your Efforts**

# Focus Areas for T-3 Transition



- TRICARE Prime Availability – “Prime Service Areas”
- Wounded Warrior Programs
- Continuity of Care
- Health Information Exchange
  - Clear and Legible Reports
- National Guard/Reserve
- Clinical Support Agreements and External Resource Sharing Agreements
- Information Security
- Claims Processing
- Provider Relations
- Launch of new program options (TRR, T26)